WRITE PL

PLACE OF DEATH  County Smiles A	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 26/
Village or City Challon MANO.  2FULL NAME William Hda	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mn Cul SINGLE, MARRIED, MUDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH \( \frac{1}{2} \) \( \frac{192}{2} \) \( \text{(Month)} \) \( \text{(Day)} \) \( \text{(Year)} \)
6 DATE OF BIRTH  Modern (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from  1920. to fel \$ ,1923.  that I last saw h = alive on face /5 ,1983.
7 AGE  Abut 100 yrs. mos. ds. or min.?	and that death occurred on the date stated above, at 50 m. The CAUSE OF DEATH * was as follows:
BOCCUPATION  [a) Trade, profession or particular kind of work  (b) General nature of industry  [business, or establishment in	Jessel Deltet
which employed or (employer)  BIRTHPLACE (State or country)  A	Contributors Change Rysendel Clane Secondary Set Wylester Temporalististens Sclewer
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	(Signed). Slave yellow M. D. M. D. 1927/ (Address). Maxwor M. D. *State the Discase Causing Death, or, In deaths from
OF FATHER (State or country) On J.  12 MAIDEN NAME OF MOTHER Horists Bencham.  13 BIRTHPLACE	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds.
(Address) Shellman May	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  MARGINERO THE DATE OF BURIAL  MARGINERO THE DATE OF BURIAL  1831
Filed M9 193/ Senses 7, Facustra, Registrar  If more blanks are needed, address State Registrar,	Journal Hard Marion Man

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questhe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer coat mure, even en at home, who are engaged in the duties of the tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL scpticacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Exhaustion," American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "Haemorrhage," Chronic etc. valvular heart Nomenclature The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully signals should state CAUSE OF DEATH in plain statement of OCCUPATION is very important. So

N. B.-

S. No. 1

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

	St.:		Var	C
n			-	
1200	m	en	)	

(If death occurred in a hospital or institu-tion, give its NAME in-Ward)

2FULL NAME	Bosman stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  The 1cl , 1981  (Month) (Day) Year)	17 I HEREBY CERTIFY, That I attended the deceased from
Olice for   If LESS than   day hrs. or min.	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER (State or Country)  15 MOTHER OF MOTHER (State or Country)	Contributory Secondary  (Signed)  *State the Diaease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Informant) Or other (Address) Wesley on 174)  Filed 2/16 1923/ Registrar	Former or usual residence  19 FDACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  Wallow  Malena burian  Address

(Approved by U. S. Census and American Public Health Association.)

or given up on account or the state occupation at beginning of illness. If retired from state occupation at beginning of illness, Farmer (re. definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification in a laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a)additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But iu tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

felanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) eartholic acid—probably suicide. The nature of the injury, as tracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Carcinoma, Sarcoma, affection need not be etc. The contributory valvular heart Measles; disease; etc., of

this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD WITH UNFADING INK--THIS IS A PERM --Every item of information should be carefully CIANS should state CAUSE OF DEATH in plais statement of OCCUPATION is very important. WRITE PL

BIND

MARGIN RESERVED FOR

PLACE OF DEATH

### STATE OF MARYLAND

.:Ward)	(If death a hospital	or institu	b
	tion, give its		

County Addition to the second	92-2 CERTIFICATE OF DEATH
0.11	Registration Dist. No. 265
Village or City Ousfuld (No. 2FULL NAME Philliam & Bu	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thile STINGLE, MARKIES, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH HOLD (Month) (Day) (Year)
6 DATE OF BIRTH  May (Month) (Day) (Yeer)	17 I HEREBY CERTIEY, That I attended the deceased from 1920, to 1923, the I last saw h landing on 1923
7 AGE    If LESS that   I day hree   da.   or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributer (Duration) yrs mos d
10 NAME OF FATHER Siller Bunke  11 BIRTHPLACE OF FATHER (State or country) England The state of	(Signed) M. I.  State the Disease Causing Dorth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Canady H. Margan  13 BIRTHPLACE OF MOTHER (State or Country)  Md,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensisents or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Informant) Mgs. James Sterling  (Address) Ourfield Md,	Former or usual residence

20 UNDERTAKER

If more branke are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. ...

Registrar

N. B.

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Filed

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. nature of the busing or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servard, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as *Doy laborer*, *Form laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a For persons who have no occupation single word or term on As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny diseases "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvulor heart disease; etc. The contributory

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V. S. No. 1

PHYSI-

	PLACE OF DEATH	()
	County Someral T	(III)
/il	lage or City Frui Clas Gussel (No. Md)	(11-
	2 FULL NAME Charles of Carreta	/
	PERSONAL AND STATISTICAL PARTICULARS	
6	MAN 4 COLOR OR RACE 5 SINGLE.  MARRIED, WIDOWED.  OR DIVORCED (Write the word)	16 DATE
5 (	DATE OF BIRTH  August 28, 1886  (Month) (Day) (Year)	that I la
A	45 yrs. 5 moa. 6 ds. or min.	and that
( p	a) Trade, profession or many milh Station	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
b	b) General nature of industry  usiness, or establishment in  which employed or (employer) Gooling Milk	
E	(State or country) Henton, Wel. Kento.	Contri
	10 NAME OF H. H. Barrow	(Signed)
S N N	OF FATHER (State or country) Lespois Nel,  12 MAIDEN NAME	*Si Violent Accide
LAL	OF MOTHER MUTUAL CENOLGE  13 BIRTHPLACE	1B LENG
1	OF MOTHER	At place

OF MY KNOWLEDGE

(State or country

(Address)

(Informant)

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Filed

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

St.:	Ward)	(If death occurred hospital or in tion, give its NAM stead of street	E it
		number.)	

MEDICAL CERTIFI	CATE OF	DEATH	
16 DATE OF DEATH	f.	39, 15	3/
(Mor	th)	(Day) (	Year)
17 I HEREBY CERTIFY, TI	hat I attend	led the decease	od from
that I last saw h Malive on		3101	198
and that death occurred on the da	te stated ab	eve, at	D.m.
The CAUSE OF DEATH * was as fo			
Meny	Leg		
	J		
Contributory Secondary	on)	Museum moe	de de
(Signed) (Digation (Signed) (Address)	Hele	elly	M. D.
*State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	Death, on s of Injury	, in thaths and (2) Who	from
1B LENGTH OF RESIDENCE (For	Hospitals	, Institutions,	Trans
At place of deathyrsmosds.	In the State	yrsmos.	ds
Where was disease contracted, if not at place of dea.h?			
Former or usual residence			*************
19 PLACE OF BURIAL OR REMOVA	L	DATE OF BUE	LAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., will laborer, Farm laborer, work, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. women at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Laborer - Coal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the DISEA I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepois, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly (secondary Whooping cough; American Medical Association. (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic etc. The contributory valvular heart disease; Nomenclature

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PLACE OF DEATH	02120 STATE OF MARYLAND
County Omerset	CERTIFICATE OF DEATH
Village or City Cusfield (No. 12 2FULL NAME Hilliam 2.	Registration Dist. No. 265  199in RVISC: Ward)  War
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED MONICED (Write the word)	16 DATE OF DEATH (6. , 193) (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That lattended the deceased from 152 to 16 , 1920, that I last saw har alive on 1923,
TAGE about 5 7 yrs. 12 mos. / de. or min.?	and that death occurred on the date stated above, at 100 m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or Platumon particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Melloma and Margito
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos de.
FATHER OSEPH (Karniola	(Signed) Signed M. D. M.
OF FATHER (State or country)  12 MAIDEN NAME (1)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Chy a Rannely 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Cusfield ord	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 2-19, 193/
15 Filed Feb. 19 1981 E Ecolling Registrar	20 UNDERTAKER Brodsfan Purfield
If more branks are needed, address State Registrar	16 W. Saratoga St., Baito., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, should be used only when needed. As examples: (a) gaged in domestic service for wages, as Servant, Cook. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup" to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinai EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropncumonia, Bronchopneumonia ("Pneumonia,"

> use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart Nomenclature Always qualify all not be disease;

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### STATE OF MARYLAND

County January	CERTIFICATE OF DEATH
0.	Registration Dist. No. 267
Village or City / TMUM (No.	St: Ward) (If death occurred in
	a hospital or institu-
2FULL NAME RObert H. Das	heeld steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MUDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17, I HEREBY, CERTIFY, That I attended the deceased from
11.0	Jan. 14 1931 to Feb. 175,1921
(Month) (Day) (Year)	that I last saw h /M alive on Fet. 154 193/
7 AGE     If LESS than	2/:
I day hrs	
(o /yrs. mos. ds. or min.	
8 DCCUPATION (a) Trade, profession or particular kind of work	Burrhilis asute
(b) General nature of industry	***************************************
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE	Contributory Susaceralies E
(State or country)	Secondary
10 NAME OF	Duration) yrs ds,
FATHER Stewart Dasholl	(Signed) M. D.
11 BIRTHPLACE	7/8/3 /2 (Address) Successes
Z (State or country)	*State the Ills ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME	
of MOTHER Millie	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Rut Lashell	Former or usual residence
(Address) Fort Monie Mol	Venters Md Let 20 193/
15 File Hel 20 1987 hors & Breet	20 UNDERTAKER ADDRESS

V. S. No. 1

WRITE PL

Every item of information should be carefully supplied. ACE should the stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORD

PER.M.

WITH UNFADING INK--THIS IS MARGIN RESERVED

FOR

Registra

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U.S. Census and American Public Health Association.)

er," etc., without more present of minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired. 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, giged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Houscuife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Civil engineer, Paysician, the first line will be sufficient, e.g., Farmer or Planter, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on man, (b) Automobile foctory. The material that fact may be indicated thus; Farmer Compositor, Architect, Locomotive engineer, stic serva.

c. If the occupa.

n account of the DISEASE cantion at beginning of illness. If remarks at fact may be indicated thus; Farmer value and the persons who have no occupation are None.

f Death—Name, first, the DISEASE can are acceptable and the same acceptable Stationary fireman, etc. But in many

s; inal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cercbrospinal EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DI time and causation), using always the same accept-'(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Whooping American Mcdical Association.) approved by Committee on Nomenclature as fracture of skull, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic and consequences (e.g., sepsis, etc. The valvular heart disease; contributory Measles ;

perm Fitt [7] wered in detail, it will prevent further correspondence. certificate is looked over thoroughly and all qu stions W filed. sential and must be obtained before the certificate is

V. S. No. 1

1	02192
PLACE OF DEATH	STATE OF MARYLAND
County/) & Mersel	GERTIFICATE OF DEATH
1	Registration Dist, No. 265
Village or City wfield (No. Fown	Mard) (If death occurred is a hospital or institution, give its NAME in
2FULL NAME Blasie Du	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH Feb 1 , 19% 3/
(Write the word)	(Month) (Day) (Year)
G DATE OF BIRTH  May   1888	1 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw han alive on from 3 , 135 /
7 AGE If LESS than	
52 yrs. 8 mos. 0 ds. or min.	
B DCCUPATION (a) Trade, profession or	of Henry
particular kind of work	
business, or establishment in	(Duration) yrs, mos. 43 de
which employed or (employer)	Contributory Mittal Stewars
(State or country)	Duration) yrs 3 mos de
10 NAME OF Stephen Taylor	(Signed) la & le Dellin M. D
M II BIRTHPLACE	1923 (Address) lessofield Mil
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Libbs	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residente)  At place of deathyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Eddie Loyba	Former or usual residence
(Address) Crufild and	19 BLAGE OF BURIAL OR REMOVAL DATE OF BURIAL Feb 4, 19 3)
15 Filed Jef. 4 1971 Ecollins Registrar	20 UNBERTAKER Brodstan appress Lifeld mg
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, Physician, business, that fact may be indicated thus; Farmer (reg or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. first line will be sufficient, e.g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day Compositor, Architect, For persons who have no occupation 6) Automobile factory. The material Salesman, (b) Locomotive engineer, The ques-Grocery;

Statement of Cause of Death—Name, first, the DISE, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, Chronic valvular heart disease; etc. Nomenclature of the The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

Filed.

PHYSI-

PLACE OF DEATH County Sommer	02
	107-0
2 FULL NAME Christin Fann C.	ann
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Writo the word)	16 DATE OF
DATE OF BIRTH	17 I
(Month) (Day) (Year)	that I last s
yrs. \textstyle mos. \textstyle ds. \textstyle lf LESS than   day hrs. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	1 3m
BIRTHPLACE (State or country)	Contribu Seconda
10 NAME OF FATHER Source Form Coming 11 SIRTHPLACE OF FATHER (State or country)	(Signed) 1
12 MAIDEN NAME Pula Ballon	Accidental
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
(Informant)	Former or usual residence
(Address) Washing one	19 PLACE O

Registrar

If more blanks are needed, address State Registrar, 26 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

St.	:Ward)	(If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
MEDICAL CE	RTIFICATE O	F DEATH
16 DATE OF DEATH 7	zh. 14	, 1921
**************************************	(Month)	(Day) (Year)
17 I HEREBY CERTI	IFY, That I atte	nded the deceased from
19	2 to	, 192,
that I last saw halive	on	, 192,
and that death occurred on The CAUSE OF DEATH * wa		abeve, atm.
Bruchabum	MANN	\$ cm:000000000000000000000000000000000000
	4.7	
		**************************************
Contributory Secondary	(Duration)	
(Signed) If Smith (K.		
//		sus ho
*State the Disease Violent Causes, state (1) Accidental, Suicidal or Homi	Causing Death, Means of Injucidal.	or, in deaths from ury and (2) Whether
18 LENGTH OF RESIDENCE ients or Recent Residents		als, Institutions, Trans-
At place of deathyrsmos	in the State	yrsds.
Where was disease contracted, if not at place of dea.h?	. 0.0. 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	
Former or usual residence		
19 PLACE OF BURIAL OR R	EMOVAL	PIG , 1931
20 UNDERTAKER	1	MODRESS Crashala

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (r or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease (NUS:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; 12iphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanis) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ezhaustion," "Heart failure," "Taemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Mousles; Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature disease;

answered in detail, it will prevent further correspondence. All the date, is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Smin St	02134 STATE OF MARYLAND CERTIFICATE OF DEATH
Days.	Registration Dist. No. 261
Village or City (No	St.: Ward) (If death occurred a hospital or institution, give its NAME i stead of etreet ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 22, 1923/
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 2 1921. to 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 , 1923 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here alive on 14 2 2 that I last saw here al
7 AGE  8 yrs. 6 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of induatry businesa, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs, mos d  Contributory Secondary  (Duration) yrs mos d
10 NAME OF FATHER LEWIS HOUSE	(Signed) Juga Ovilloria M. I fel 23 1921 (Address) morm and
(State or country)  12 MAIDEN NAME OF MOTHER Susir 2 Hundusm.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death of
(Informant) Ling BAME	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) morm of the Filed 123 193/ Gerelia 12, Jawson	St Pauls Central of Removal Date of Burial 13 19.9
Registrar	7, 16 W. Saratoga St., Balto, Requesting V. S. No. 1

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinul Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need Whooping approved by Committee on Nomenclature of the Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart Always qualify al disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

1 01/	SIA!	E OF MA	RYLAND-	-CERTIFICATE	OF DEF	VIH U	130
		meloe		131)	Registration	Dist. No. 26	5
	age or City	Cristie	Zd, withi	No.		St.,	
Len	gth of residence In city or town	where death occurred.		If death occurred in a hospital or insti		Linstead of street and	
2. FUI	L NAME	allie ;	Jane of	fusting			
(a)	Residence: No.	Cristian	lace of abode	St., Ward.	If nonresident	give city or lown an	d State
PE	RSONAL AND STA			MEDICAL O	CERTIFICATE	A STATE OF THE PARTY OF THE PAR	- Diate
Jelus Jelus	ale While		MARRIED, WIDOWED, RCED (qurite the word)	21. DATE OF DEATH	Feb- (Month)	20 (Day)	, 193 1 (Ye
HUSB	ed, widowed, or divorced	40 21		22. 1 HEREB	YCERTIF	Y, That I attended	
<del>(01)</del> A	VIFE of \$1511	1 asus	de	7266	., 19.3 \to	チンかっ	20, 19
	F BIRTH (month, day, end year		non	I last saw h alive on_		19,19.3	; death
10 AGE	Years Mo	nths Days	If LESS than  1 day, hrs	to have occurred on the date sta  The PRINCIPAL CAUSE OF DEA			
_   8. Tre	ede, profession, or particular	20	b D	were es follows:			Date
NOIL	kind of work done, es SPINN SAWYER, BOOKKEEPER, etc.	ER. House	Reeper	Chronic	Inter	stitual	a
9, 100	lustry or business in which work was done, es SILK MILI SAW MILL, BANK, etc	L,		1008	8		gr
10. 0a	te deceased last worked at this occupation (month and year)	1	stal time (years) spant in this occupation	YWW	WUV		19
	1	ato	A. D	Other Contributory Canses of im	portance:		
	PLACE (city or town)	used to	And.				
13. NA	ME Glorge	Byld.					
13. NA	THPLACE (city town)	11-Ma	/	Name of operation		Date of.	
œ l	(State or country)	Course	~	What test confirmed diagnosis?			
H	RTHPLACE (city or town)	1,0		23. If deeth was due to external c Accident, sulcide, or homicide?			
Σ	(State or country)	Ind:	WD 1.	Where did injury occur?		town, county and St	
17. INFORM	IANT Musician Inchination (Inchination)	S PRINCE	Hasting	Specify whether Injury occurred			
18. BURIAL Plac	Cristial les	well Date J	seb, 22 1931	Manner of injury			
19. UNDER	TAKER DI A	L'aus	Md.	24. Was diseese or injury in any	way related to occup	pation of deceesed?	
		whitely	710	— " " " T	0 - 0	0	~

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only decupation was that of home housework, write housewife ceased had retired from business, report the occupation prior-to retirement. Children not gainfully employed may be various pursuits can de known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

9.--The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton millinetc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State out the particular kind of work done and return that, as spinner, weaver, etc.

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish earefully the different kinds of engineers by stating the full descriptive titles as civil engineer, me-

should be called a salesman and not a clerk.

RECEI

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

I near Gustroenteritis Segi'I how Gallstones Other contributory causes of importance: Other contributory causes of importance: g quite edosimuomina. LEGI'ghing Cerebral hemorrhage I week ago Run over by street car 1861 Chronic interstitial nephritis obo yoom I Attack of epilepsy 9IGIArterioselerosis The principal cause of death and related causes leste of onset 2 MWK 2 of importance were as follows: Date of onset The principal cause of death and related causes BUREAU V. S. Example II Example I

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

		PLACE OF DEATH	02126
		County Anneceset	(5)
	Vil	lage or City M. Persone No.	Obbitions and the same and public acception and acception acceptio
		2 FULL NAME Sawl Hil	H
		PERSONAL AND STATISTICAL PARTICULARS	MEDICA
	3 8	Reale Color or RACE SINGLE, MARRIED, Willowell, OR DIVORCED (Write the word)	16 DATE OF DEATH
	6 [	DATE OF BIRTH	Fab. 85
		(Month) (Day) (Year)	that I last saw h
N	7 A	GE (If LESS than I day hrs. mos. ds. or min.)	and that death occurr The CAUSE OF DEAT
	() P	CCUPATION  a) Trade, profession or Later kind of work  b) General nature of industry	Car
	b	usiness, or establishment in hich employed or (employer)	malen
	9 E	(State or country) Md.	Contributory
		10 NAME OF Daie files	(Signed)
	ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the I is Violent Causes, sta
	PARE	12 MAIDEN NAME fally ? Un be MOUNT	Accideotal, Suicidal o
		19 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmo
	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contra
		(Informant) Fernen Hitch	Former or usual residence
		(Address) 779 h 37 th. Philo, Pa.	mt. Ve
	15	Filed Feb. 24 1931, Stephen, O. Hoffer	20 UNDERTAKER

02126	
001011	STATE OF MARYLAND
	CERTIFICATE OF DEATH

	Registration D	ist. No.	
St.:	Ward)	tion, give it	occurred im or institu- a NAME is street and
L CE	RTIFICATE O	F DEATH	
*******	Feb.	2220	193 /
	(Month)	(Day)	(Year)
190	FY, That I atte	1. 22	192
Talive	on Fil	192	1931,
ed on t	the date stated	bove, at	m,
i * wa	as follows:		

Ca	1 Rision	e 91	wil	calif
mhe	(Duration)	УІВ	mos	ds.
Contributory Secondary	#00000000xx000w80x0xxxxxx.		••••	

(Duration)

\*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18	LENGTH	OF	RESIDENCE	(For	Hospitals,	Institutions,	Tran
			Residents)				
1							

At place of death yrsmosds.	In the State yrs mos de.
Where was disease contracted,	
if not at place of dea.h?	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Former or usual residence

BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more b.anks are needed, addre a Ltate Kegistrar, 16 W. Saratoga &t., Balto., Requesting V.S. No. 1.

Every item of CIANS should WRITE

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

41

Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (re-tired 6. yrs). For persons, who have no occupation er," etc., without more precise specification as Duy laborer, Farm laborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, Housemuid, etc. If the occupation has been changed For many occupations a (b) Collon mill; (a) Solesmon, (b) For persons, who have no occupation (b) Automobile foctory. The materia single word or term on Locomolive engineer, The ques-Grocery;

s; inal meningitis"; Diphtheria (avoid use of "Croup"); ferer (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cerebrosponat EA. E ( NO THE DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia"); time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> atic), "E::haustion," "Heart f"
> "Inanition," "Marasmus, stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Recommendations on statement of cause of death lelonis) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi interstitiol cough; "Heart failure," nephritis, Chronic " "Old Age, " "Shock," etc. valvular heart disease; The contributory "IIaemorrhage, Measles ;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and a l qu stions

S. No. 1

Filed

	County Drumsett
Vil	lage or City more (No)  2FULL NAME Mae (Lane)
	PERSONAL AND STATISTICAL PARTICULARS
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
6 [	DATE OF BIRTH
	(Month) (Day) (Year)
7 A	yrs. 3 mos. 9. ds. or min.?
() (I) b	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
9 E	SIRTHPLACE (State or country)
	10 NAME OF Clerry Laws
NTS	OF FATHER (State or country)
PARE	OF MOTHER Much Jackson
	13 BIRTHPLACE OF MOTHER (State or Country) Maryline
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Clearly Louds
	(Address) masum on

If more banks are needed, address tate Registra

PLACE OF DEATH

02138

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Jackson	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICA	AL CERTIFICATE O	F DEATH
16 DATE OF DEATH	Jeh.	14, 1991
700000=00000000000000000000000000000000		(Year)
17 I HEREBY		nded the deceased from
	192 to	, 192,
that I last saw h	_alive on	, 192,
and that death occurr	ed on the date stated	above, atm,
The CAUSE OF DEAT		
		********************************
deole d	in & Super	Z
affelis	Ty Cluby I	mo
/		
***************************************	(Duration)	yrsmosda.
Contributory Secondary		~
1	(Durstion)	yrs mosd.ds.
(Simed) Glency	20 Onellow	yrs Chrone Plysa. M. D.
Olgired 102	will The	16 31
Munn	(Address)	on in dortha from
Violent Causes, sta Accidental, Suicidal	scase Quising Death, ate (1) Means of Injor Homicidal.	ury and (2) Whether
18 LENGTH OF RES	SIDENCE (For Hospit	als, Institutions, Trans-
ients or Recent Res		
At place of deathyrsm	osds. State	yrsds.
Where was disease contrif not at place of dead	acted,	
Former or		*******************************
19 BYAGE OF BURIAL	OR REMOVAL	DATE OF BURIAL
Jarusa	- 201	7/16,181
29 UN DERTAKER		ADDRESS
I wills	ackson	Marinescolly
r, 16 W. Saratoga St.	Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 26/
Village or City // Chafell (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (6. /9. , 1929/
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923/. to 49. , 192 that I last saw here alive on 116 8 , 1923/.
7 AGE  12 yrs mos ds.   If LESS than   day	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  3 3.	Contributory Opposed Secondary Clinic Seit Maritin ye mos de
10 NAME OF FATHER CLUET C SCILIS  11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  At place In the of deathyrsmosds.
(Informant) any a Landful (Address) Pulsalett Dropped  (Filed 12) 131 Gurelia P. Tawson  Registrar	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF AURIAN OF REMOVAL DATE OF BURIAL  PROPERTAKER ADDRESS  TORRESS  TORRESS
If more blanks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Or yrs). Form loborer, Laborer-(b) Cotton mill; (o) Salcsman, (b) eman, (b) Automobile factory. The At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation If the occupation has been changed -Coal minc, etc. material Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar prieumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be (secondary or intercurrent) affection need not be (secondary or intercurrent) inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; 9.3 "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heort Nomenclature Always qualify all Mcasles; discose;

If, this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.	statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in .....Ward) a hospital or institution, give its NAME innumbar.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OF RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH 17 (Month) (Day) IIf LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: B. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) ......yra.....mos.... which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER the Disease Causing/ Beath, or, In deaths from RENT Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. (State or country) and 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ..... yrs ...... mos ......ds. (State or Country) Where was disease contracted, if not at place of death?.. 14 THE ABOVE IS TRUE Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospizal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," haemorrnage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

	1PLACE OF DEATH
	County July St
Vil	Plage or City Monny (No. 2FULL NAME Cleura Roff
-	PERSONAL AND STATISTICAL PARTICULARS
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)
6 [	DATE OF BIRTH
	(Month) (Day) (Year)
7 /	If LESS that I day hrs. 10 mos. 4 ds. or min.
P	b) General nature of industry pusiness, or establishment in which employed or (employer)
9 E	(State or country)
	10 NAME OF Bens. Lokey
RENTS	OF FATHER (State or country) Maryland (Horceste
PARE	of MOTHER Margaret Fort
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland Christ
14	(Informant) A A downs!
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15	Filed 2/27 1031 Aurelia 18 Lawson

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If more blanks are needed, address State Registrat, 16 W. Saratoga St., Belto., Requesting V. S. No. 1/

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

7	St.:		(If death a hospital tion, give i stesd of number.)	occurred in or institu- ts NAME in- strest and
MEDICA	L CERTIFIC	CATE OF	DEATH	
16 DATE OF DEATH	Lb-	2	5	198/
17 I HEREBY	(Mont	at Latten	ded the di	ceased from
that I last saw her	alive on Let	- 25		, 1929/,
and that death occurre The CAUSE OF DEATH  LULLUM 1	1 * was an foi	lows: Yest	2	m.
Contributory Oliver Secondary Charge May	C. (Durnie	Luef Detill	yie n	nosds,
*State the Dise Vlolent Causes, state Accidental, Suicidal or	ease Causing e (1) Means	-		ths from Whether
18 LENGTH OF RESI		Hospital	s, Institut	ions, Trans-
At place of death	eted.	In the State	yrs	mos,ds,
19 PLACE OF BURIAL	OR REMOVAL		DATE OF	BURIAL

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. without more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia,"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as Whooping approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Nomenclature Chronic etc. The contributory affection need valvular heart Always qualify all not be disease; of the

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	()	OF DEATH	2	
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Vil	llage or City	7 110 00000000	(No	
	2FUI	LL NAME	Sm	O Cres
	PERSON	NAL AND STATIST	ICAL PARTIC	ULARS
,	Fuel	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the work	Dugo,
6 1	DATE OF BIR	тн , Д/	American in the second	
		Fili	19	. 1931
		(Month	) (Day)	(Year)
7 /	AGE	yrs.	mos. 2. d	If LESS than I day hrs. s. or min.?
( p () b	usiness, or e	ofession or d of work ature of industry stablishment in ed or (employer)	rus	
9 5	(State or cou	intry) m		
-	10 NAME O	/ 1 / 1 / 1	meen	ly
RENTS	OF FATH (State or	ACE _		,
PARE	12 MAIDEN OF MOTH	NAME	Poherbs	
	13 BIRTHPL	^		

THE BEST OF MY KNOWLEDGE

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting N. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

24	St.:	t	hospital	occurred In or Institu- s NAME in- street and
MEDICA	L CERTIFI	CATE OF	DEATH	
16 DATE OF DEATH	lb 2	/	1	1923/
***************************************	(Mon	th)	(Day)	(Year)
17 1 HEREBY (9.	CERTIFY, TI			
that I last saw h				
and that death occurre The CAUSE OF DEATH			ove, at	m.
( nevertin	e Clu	ed als	17m	etto
40000000004****************************			0.0000000000000000000000000000000000000	-
Contributory Secondary	OP vi	on)	yıem	osds,
Jel 2, 19231	(Address)	ann	m	£.
*State the Dise Violent Causes, stat Accidental, Suicidal or	ease Causing e (1) Means Homicidal.	Death, o	r, in deat and (2)	hs from Whether
18 LENGTH OF RESI		Hospitals	, Instituti	ons, Trans-
At place of deathyrs	sds.	In the State	yre	mos,,ds.
Where was disease contractif not at place of death?	cted.	•••••••••		***************************************
Former or usual residence.	***************************************			***************************************
19 PLACE OF BURIAL	-71 1	1	DATE OF	BURIAL . 193/
26 UN BERTAKER	- (1)	A	DDRESS	

S. No. 1 Þ.

m

(Informant)

15 Filed. (Address

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questhe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. ployed, as At, school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm luborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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PLACE OF DEATH

2FULL NAME

PERSONAL AND STATISTIC

4 COLOR OR RACE

Village or City

6 DATE OF BIRTH

9 BIRTHPLACE (State or country) 10 NAME OF

11 BIRTHPLACE

(Informant)

(Address)

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

OCCUPATION
(a) Trade, profession or particular kind of work

(b) General nature of industry

business, or establishment in which employed or (employer)......

3 SEX

7 AGE

PARENTS

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STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 74
Murius Os Co (No	St.: Ward)  St.: Ward)  (if deeth occurred in a hospital or institution, give its NAME instead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Jah 1931 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921, to 2, 1921, that I last saw h Malive on 1921,
yramosds.   If LESS than   dayhrs. ormin.?	and that death occurred on the data stated above, and m. The CAUSE OF DEATH * was as follows:
sesion or of work work with the sesion or or or or or or or or or (employer)	Overaliste Club  (Duration) yes, mos de.
houly massesty	Contributory Secondary  (Duration)  yrs
ountry) mo	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
CE Puth Robits Quatry) In D.	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
hauly mescoly	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
2/ 193/ Aurelia P. Fauron	Marcuses Md 77, 1931. 26 Wydertaker Mc Cready Marcuses Mg
If more branks are naeded, eddrass Stata Registrer	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

S. No.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many gaged in domestic service for wages, as Servant, Cook. work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (xc or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Form laborer, Loborer-Cool mine, etc. without more precise specification as Day (b) Automobile foctory. The material For persons who have no occupation person, irrespective of 6) Grocery, Wom-

Statement of Cause of Death—Name, first, the Dissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic affection need etc. The contributory valvulor Nomenclature Always qualify all heart not disease; of the

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Perma

1931

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD Y, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BIND WRITE PLA V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND		
II	County Stowerse	CERTIFICATE OF DEATH		
	d' 1:20 14	Registration Dist. No. 270		
	Village or City Oles Colons	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of etreet and		
	2FULL NAME / JARGE GENLIA	number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	Male While Solver CED With the word)	16 DATE OF DEATH FLET, 18 1, 1981		
	6 DATE OF BIRTH  Feb. 26 th, 1892  (Month) (Day) (Fear)	17 I HEREBY CERTIFY, That I attended the deceased from 1927, to 1927, that I last saw half alive so 1927,		
	7 AGE  38 yrs. // mos. 23 ds. or min.?	and that death occurred on the date stated above, at		
N	(a) Trade, profession or pleursbern	Ceale alcoholism		
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds.		
	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duration) A yes de		
	10 NAME OF James Maddrix	(Signed) Ollas / Suaples M. D.		
	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Meens of injury and (2) Whether Accidental, Suicidal or Homicidal.		
	of MOTHER MIGUIE Ward	18 LENGTH OF RESIDENCE (For Hospitals, institutions, Trans- ients or Recent Residents)		
	13 BIRTHPLACE OF MOTHER (State or Country)  Md.	At place of death yrs mos ds.  In the State yrs mos ds.  Where was disease contracted,		
	(Informant) Max, Annie Madding	Former or usual residence.		
	(Address) Creifield, Md.	Cusfield Cemetery 766, 20th 1931		
	Filed Jel. 20 1931 CE Collins Registrar	La Barosen Prisfield		
	if more branks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (14) Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Broniehopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sareoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilonitis," "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the danus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY etc. The contributory

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WRITE PL

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	02121	
PLACE OF DEATH	STATE OF	MARYLAND
County		E OF DEATH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7-71
101101.86	Registration	Dist. No. 7
Village of City (No. (No. )	rgan St.: War	d) (If death occurred is a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDITAL CERTIFICATE	OF DEATH
3 SEX 21 1 COLOR OF RACE 5 SINGLE, MARKIED, WIPO WIPO WIPO WIPO WIPO WIPO WIPO WIPO	16 DATE OF DEATH	10 , 1931
6 DATE OF BIRTH		(Day) (Year)
telwary 10.031	17 I HEREBY CERTIFY, That I	ttended the deceased from
(Month) (Day) (Year)	that I last saw halive on	. 192
7 AGE Alexander IlfLESS than	and that death occurred on the date state	
I day brs.	The CAUSE OF DEATH * was as follows:	A /
yrs. mos. ds. or min.?	OA 4	1 1 1
BIOCCUPATION (a) Trade, profession or	avorcion -	pull
particular kind of work	0	
(b) General nature of industry None business, or establishment in which employed or (employer)	Durstion)	yrsds.
9 BIRTHPL DE (State of dustry)	Contributory Secondary	
FATHER PULL F. Morgan	(Signofi) (Signofi)	bound M D
IN 11 BIRTHPLACE	192 (Address D. L.	Lead the
OF FATHER (State or country)  12 M JOEN NAME	*State the Discase Causing Deatl Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	or, in deaths from
12 MAJOEN NAME OF MOTHERLY DISC	18 LENGTH OF RESIDENCE (For Hosp	
13 BIRTHPLACE	ients or Recent Residents) At place	Take Holy
OF MOTHER (State or Country)	of deathyrsds. St	ateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	**************************************
and Arilly Mires	Former or usual residence	***************************************
(Informant) Curlieb Ma	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed Fel. 12 1921 Ve Ecolleria Registrar	20 UNDERTAKER	ADDRESS
		1

(Approved by U. S. Census and American Public Health Association.)

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to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH	STATE OF MARYLAND
County Simuset	CERTIFICATE OF DEATH
	Registration Dist. No. 263
Villago or City Mit June (No. //	
vinage of City full	tion, vive its NAME it -
2FULL NAME Faral Jan	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH Attal
Female While OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	170 I HEREBY CERTIFY, That I attended the decensed from
11 00 KNOWN 1874	192 9. to 3 14, 193 1.
(Month) (Day) (Year)	that I last saw h C Talive on 3 , 195 /,
	and that death occurred on the date stated above, at 5 1/2,m.
54 yrs. mos. ds. or min.	
OCCUPATION	
(a) Trade, profession or particular kind of work	Image Calcuma of
(b) General nature of industry	left Bulant
business, or establishment in which employed or (employer)	(Duration) vrs. mos. de.
9 BIRTHPLACE (State or country)  20 al	Contributory Callingmales
1100.	(Duration)ds,
TO NAME OF.	(Signatur Men. D. Mulus M. D.
IN 11 BIRTHPLACE	1931 (Address) Smeller ferm
OF FATHER Z (State or country)	*State the lisease Causing Death, or, in deaths from
W 12 MAIDEN NAME I G I TI	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHERIAL, Emily Gustin	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant)	usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Millemman Jab 5, 1931
15 Filed Heb 4 1984 Stephen O Rogistras	20 UNDERTAKER Lormit Ry annie
If more blanks are needed, addre.s tate Kegistra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., will laborer, ...ho are should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (retired 6: yrs). For persons who have no commentation state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Screant, Cook, Housemand, etc. If the occupation has been changed ployed us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Civil engineer, Physician, tion applies to each and every person, irrespective of report, specifically the occupations of persons Foreman, or At Home, and children, not gainfully em-For many occupations a .T.S.T. (b) Cotton mill; (a) Solesmon, (b) without more precise specification as Day Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary firemon, etc. But in many Laborer-Coal mine, etc. Womsingle word or term on Grocery;

Strtement of Cause of Death—Name, first, the DISEAL CAUCING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Dinktheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicoemia," "PUERFERAL peritonitis," can be ascertained as the cause. Always qualify ali atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomtelanus) may be stated under the head of "contributory." as fracture of skull, "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, by Committee on Nomenclature cough; Chronic and consequences (c. g., sepsis, etc. valvulor heort disease; The contributory " Shock," Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN AGE should be mation should be carefully supplied. N. B.—WRITE PLAINEY,

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12126	
1. PLACE OF PEATH	93-0	
County Domecsel Co.	Registration Dist. No. 265	
Village or City Irespected, Mdc	No. St., Wa death occurred in a horpital or institution, give its NAME instead of afteet and number)	rd
	ds. How long In U.S. if of foreign birtb?yrsmos	ds.
2. FULL NAME Susau A Cuggina (a) Residence: No. Myself St. (Usual place of abode)	St., Ward. Cresfield, Md.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
Jenale While S. Single, Married, WIOOWED, OR DIVORCED (ruring the word)	21. DATE OF DEATH Leb, 25 th (Month) (Oay) 193/Year)	±6.
5a. If married, widowed, or disposed HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, dey, end year)  Chical 1 st /865	22. I HEREBY CERTIFY. That I attended decessed from August 20, 1930, to 7 el 25, 193. I last saw her alive on 7 el 23, 193. I death Is si	1
7. AGE Years Months Days If LESS than I day, hrs. or min.	to heve occurred on the dete stated above, at. 5m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oatp of ops	
8. Trade, profession, or particular kind of work done, as SPINNER, Househeepey, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL.	adhesive pericardets Jan 1	131
SAW MILL, BANK, etc.  10. Oate decessed last worked at this occupation (month end spent in this year) occupation		
12. BIRTHPLACE (city or town) (State or country)  (State or country)	Other Contributory Causes of importance:  Outer Schools to Man	1930
13. NAME William Holams,		
14. BIRTHPLACE (city or town)	Name of operation Oate of What test confirmed diagnosis? Clinical Was there en autopsy?	es.
15. MAIOEN NAME Julia Sparrow	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIOEN NAME  16. BIRTHPLACE (city of town)  (State or country)	Accident, sulcide, or homicide?	
17. INFORMANT 6. 6. Riggen field Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAD Place Surfield Lecentry Date Fel. 27, 1931	Manner of Injury	
19. UNDERTAKER J. D. Dawson (Address) Criffield Mile	24. Was disease or injury in any wey related to occupation of deceased?	
20. FILED Fet. 27, 1931 DE Ecolling Registrar.	(Signed) Saral Le. Fator M. (Address) Crio field, W.	. D.
***		-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:



8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

TRUE

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact

A	O LO
IS	No t
WITH UNFADING INK-THIS	-Every Item of information should be carefully supplied. ACE CIANS should state CAUSE OF DEATH In plain terms so tha statement of OCCUPATION is very important. See instruction
7	AT!
WRITE PL	Every Item of inform CIANS should state statement of OCCUP!
	WRITE PL Y, WITH UNFADING INKTHIS IS A

00

1PLAC	E OF DEA	тн			021
	Somer	ue 8	w!71	in verpora	E LIMITE OF
Village or Ci	ty Cr	field	(No.	Correr o	Zuan
2 <b>F</b>	ULL NAME	<i>V</i>	***************************************	R	
PERSO	NAL AND	STATISTIC	CAL PARTICU	JLARS	0
3 SEXUN	4 COLOR	OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word	2	16 DATE OF
6 DATE OF B	RTH				17 I
	***************************************	7 (Month)	(Day)	, 173/ (Year)	that I lest s
7 AGE	yrı	9	os. ds	If LESS than I day hrs.	and that de
(b) General business, or	ind of work, nature of in- establishmen	dustry t in	lone		
9 BIRTHPLAC (State or c		oyer)			Contribu Seconda
10 NAME FATHER		2 de	Rece		(Signed)
OF FAT (State		hear	00		*State Violent
12 MAIDE V OF MO		Sel	han		Accidental  18 LENGTH lents or F
13 BIRTH		hus	ula	1	At place of death
14 THE ABOVE	IS TRUE TO	THE BEST	OF MY KNOWL	EDGE	Where was di
(Informat	nt)	Sales	lusa	Raggin	Former or usual residence
(Ad	dress)	esoles	ed a	1	

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
	, 192/
17 I HEREBY CERTIFY, That I atte	
that I lest saw in Lalive on	/
and that death occurred on the date stated	above, atm,
The CAUSE OF DEATH * was as follows:	
3 mg for has	00
δ	
Contributory	
(Signed). Durstion)  (Signed). 192 / (Address)	M. D.
*State the Disease Causing Death, Violent Causes, state (1) Means of Injunction Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospits lents or Recent Residents)	als, Institutions, Trans-
At place In the of death yrs mos. ds. State.	yremoede.
Where was disease contracted, if not at place of death?	
Former or usual residence	00000000000000000000000000000000000000
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESS
	MEDICAL CERTIFICATE O  16 DATE OF DEATH  (Month)  17 I HEREBY CERTIFY, That I atternated that I lest saw in alive on and that death occurred on the date stated the CAUSE OF DEATH * was as follows:  (Duration)  Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, Violent Causes, state (1) Means of Injunctional Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospital In the State of death yes mos ds In the State of death yes mos des In the State of death yes death yes mos des In the State of death yes mos des In the Indiana yes d

Registrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farme freor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Housemaid, etc. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation If the occupation has been changed (b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cereprospinal rever (the only definite synonym is "Epidemic creprospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; 9.9 Committee on Nomenclature "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart Always qualify all not be disease;

It this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WITH UNFADING INK--THIS IS A PERIMANENT MARGIN RESERVED FOR BINDING WRITE PL

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Dominat	CERTIFICATE OF DEATH
Village or City Prifile (No. R.D.#2)  2FULL NAME Clebert & School	Registration Dist. No. 270  Registration Dist. No. 270  (If death occurred I a hospital or institution, give its NAME is stead of streat an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Many WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 . 2 , 193 /
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Tel. 2 1921. to Tel. 2 192. that I last saw homeword Tel. 2 197.
7 AGE  3 yrs. 7 mos. 6 ds. or min.?	and that death occurred on the data stated above, at 6:00 P.
(a) Trade, profession or particular kind of work  (b) General nature of industry	leden det
business, or establishment in which employed or (employer)	Contributory Lees to Allan
(State or country)  10 NAME OF FATHER  Markenaux	Secondary etrusk by autopolich  (Duration) yra mos da  (Signed) Sand M. Day to (Colores) M. D
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
(Informant) Saward & Clark N	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) 2116 n Pulaski St	Ballimore Date of Burial Feb. 5, 1931
Filed 2/5 1981 E Collins Registrar	20 UNDERTAKER ADDRESS Curful mad
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthshould be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, c. g., Former or Planter, tired 6 yrs). business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Form laborer, Laborer-Cool mine, etc. Womwithout more precise specification as Day Compositor, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stotionary fireman, etc. But in many Architect, Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measlee; American Medical Association.) lelanus) may be stated under the head of "contributory." corbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis, Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-(secondary perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condior intercurrent) Committee on Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. 'All the data is essential and must be obtained before the certificate is permanently filed.

ciassified. WITH UNFADING INK--THIS MARGIN RESERVED Every item of information snound by CLANS should state CAUSE OF DEATH in statement of OCCUPATION is very importal WRITE

V. S. No. 1

of certificate.

	PLACE OF DEATH County Delles	
	Presheld (No. R. F. S. 2FULL NAME ANNO E. Love	
	PERSONAL AND STATISTICAL PARTICULARS	
3/5	SEX 4 COLOR OR RACE 5 SHRETE. Warning D. Wolf Or DIVORCED (Write the word)	16
6 [	DATE OF BIRTH	1
	Jan 12, 857	•••
	(Month) (Day) (Year)	1
7 4		
P (I	occupation  a) Trade, profession or House Reches  articular kind of work  Usiness, or establishment in  which employed or (employer)	
_	SIRTHPLACE (State or country)	
*************	10 NAME OF Slevis Evaces.	S
STN	OF FATHER (State or country)	••
PARENTS	OF MOTHER Patty A. Pruit	8
-	(State or Country)	A of
14 1	-10 00 1-0 F	W Comment

(Address)

15

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

	(If death occurred In
St.:Ward)	a hospital or institu-
	stead of street and

16 DATE OF DEATH	Feb.	14 th	, 19 <b>3</b> /
Je.	(Month)		
	RTIFY, That I		
Fela. 9	192/ to	e & 14	, 193. (
that I last saw how al	ive on tel	( 3	, 192
and that death occurred	on the data sta	ted above, at .5	A :m,
The CAUSE OF DEATH *			
	***************		***************************************
Bronelo Pr	Adamonia	(See	eary)
***************************************	· · · · · · · · · · · · · · · · · · ·	o o 00 m0q6000 oo a wa co o o a co o ag a a 4 a c	( )
	(Duration)		mos. 6 ds.
	0		
Contributory Secondary		ery on	
	(Durstion)	938	mos 14 ds.
(Signed)	el Lu.	legto	A M. D.
2/16 1921 (A	(ddress)	pfil e	me-
*State the Disease Vlolent Causes, state Accidental, Suicidal or H	Causing Des		aths from C) Whether
18 LENGTH OF RESIDE	•	spitals, Institu	tions, Trans-
ients or Recent Resider At place		the	
of deathprsmos	ds.	Stateyrs	mosds,
Where was disease contracted if not at place of death?	4	••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·
Former or usual residence		*	***********************
19 PLACE OF BURIAL OF	REMOVAL	WATE OF	BURAL
astrone Con	cleur	Jels.	1901
20 UNDERTAKEN		ADDRESS	0.00

MEDICAL CERTIFICATE OF DEATH

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

Registrar

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-6) Grocery,

Statement of Cause of Death—Name, first, the pissase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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1931

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer coul mine, ever roune en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Typhoid pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature Always qualify all disease;

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Y, PHYSI-	PLACE OF DEATH County Smenet	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 270
ated EXACTLY operly classificertificate.	Village or Cite tawson (No	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- steed of street and number.)
roper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MIROWED. OR-DIVORCED (Write the word)	16 DATE OF DEATH Born deud 2/2 193/ (Month) (Day) (Year)
be carefully supplied. ACE should EATH in plain terms so that it mail important. See instructions on by	6 DATE OF BIRTH  Tel 25 (Month) (Day) (Year)	that I lost saw halive on, I92,
	7 AGE  West mas factus   If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Durstion)
SE OF D	10 NAME OF FATHER ROSSIE THOMAS PARTIES OF FATHER (State or country) Wesley Washington	(Signed) (Duration) yrs mos ds.  (Signed) (M. D.  1922 (Address) (M. D.  *State the Disease Causing Death or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
BEvery Item of Information CIANS should state CAU statement of OCCUPATIO	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
	(Informant) Am iro Meling	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	15 Filed 428 1931 E Collins Registrar	20 UNDERTAKER  William Starling Jawann my
z	If more branks are needed, address Stete Registra	r, I6 W. Saratoga St., Balto., Requesting Y. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). definite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmen (to or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on Nomenclature telapus) may be stated under the head of "contributory." "Traemia," "Weakness," etc., when a definite disease American Medical Association.) carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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supplied.

PLACE OF DEATH County C should be stated EXACTLY, P. it may be properly classified. s on back of certificate. PERSONAL AND STATISTICAL PARTICULARS SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED instructions on back Write the word 6 DATE OF BIRTH (Month) (Day) mos occupation
(a) Trade, profession or See particular kind of work (b) General nature of industry Every Item of Information should be carefull CIANS should state CAUSE OF DEATH In place statement of OCCUPATION is very Important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) KNOWLEDGE 14 THE ABOVE IS (Informant) (Address)

02142

#### STATE OF MARYLAND CERTIFICATE OF DEATH

.....Ward)

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

	number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Lead 2	128, 193/
(Month)	(Day) (Year)
17 HEREBY CERTIFY, That I at	ttended the deceased from
1 3 1 20 . 30	/, 192
that I iast saw halive on	
and that death occurred on the date state	•
The CAUSE OF DEATH * was as follows:	a above, atn
Red Clay Jo	illes
	art g a. baav eq
	1=11,*=================================
(Duration)	VIA TOOS d
	**************************************
ContributorySecondary	
1111 1254 1480	yrsmosd
2/28 193/ (Address) Luj	field my
*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in deaths from
1B LENGTH OF RESIDENCE (For Hospients or Recent Residents)	
At place In the of death yrsmosds.	ne ateyrsmosd
Where was disease contracted, if not at place of death?	.,
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
L Fairsonin	2/28 , 19
20 UNDERTAKER	DODRESS

Registrar

IfLESS the

I day hr

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material single word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD NLY, WITH UNFADING INK--THIS IS A PERMANEN NG MARGIN RESERVED FOR BIN WRITE F V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Somewat	CERTIFICATE OF DEATH
2 1 1 2 2 4 2	Registration Dist. No. 265
Village or City Custield (No. 140)	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
2FULL NAME WOLFON	and June 1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale Negro (Write the word)	16 DATE OF DEATH 7el, 24, 193 (Month) (Day) (Year)
6 DATE OF BIRTH  Over 1887  (Month) (Day) (Year)	Feb. 1931 to Feb. 24, 1931, that I last saw himselive on Feb. 23, 1931
7 AGE III LESS than	and that death occurred on the date stated above, at / A - m.
I dayhrs.	The CAUSE OF DEATH * was of follows:
yrs. mos. ds. or min.?	1 Broughilia and
(a) Trade, profession or particular kind of work	premous (lolar)
(b) General nature of industry	24
business, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstien) A yrs. mos 2 ds.
10 NAME OF Judson Dutton	(Signed) J. J. Barthley M. D.
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hariett Purker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
muna Sutton	Former or usual residence
(Address) Crispield Mds	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Full Date of Burial  7th 26, 1931
15 Filed Fel-26 1931 C Etollis Registras	20 UNDERTAKER ADDRESS Curled mg
If more blanks are needed, address tate Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emspecifically the occupations of persons en-

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> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (diséase can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Uraemia, ""Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

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BUREAU

V. 8.

	1PLACE OF DEATH
	County Comment
Vil	Rage or City Landon (No. 2FULL NAME Plumie Towns
=	A
	PERSONAL AND STATISTICAL PARTICULARS
7	Hugh 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
6 1	DATE OF BIRTH
	(Month) (Day) (Year)
7 /	S S yrs.   Omos.   3. If LESS than I day hrs. or min.?
) (I	a) Trade, profession or barticular kind of work b) General nature of industry business, or establishment in which employed or (employer)
9 E	GIRTHPLACE (State or country)
RENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)
PARE	12 MAIDEN NAME OF MOTHER  WILLIAM
	13 BIRTHPLACE OF MOTHER (State or Country)
14	(Informant) & P. Breleighter (Address) My Row Brelow

1923/

Registrar

If more branks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

Filed

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

6	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- steed of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 917 , 193/
=	(Vionth) (Day) (Year)   17 I HEREBY CERTIFY, That I attended the deceased from
1	192, 192,
	that I last saw halive on, 192,
n	and that death occurred on the date stated above, atm.
3.	The CAUSE OF DEATH * was as follows:
5	
	Coley
	(D. 1.)
	Contributory
	Secondary
-	(Duration) yrs mos ds.
	(Signed) M. D. W. Olfman, M. D.
-	1921 (Address) Therese by
-	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mcans of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
-	ients or Recent Residents)
í	At place fn the State yrs mos, ds.
	Where wes disease contracted, if not at plece of dea.h?
	Former or usual residence
	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Josemos Celi on 2/9, 131
	20 UNDERTAKER ADDRESS

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queslaborer, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the pix EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the same and causation, using always the same accepted the fever (the same disease. Examples: Cerebrospival, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

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WRITE PI

	PLACE OF DEATH	STATE OF MARYLAND
	County Atmuss	© CERTIFICATE OF DEATH
	Village or City Cusfield (No. Mcl	Registration Dist No. 270  Registration Dist No. 270  Ward (If death occurred in a hospital or institution, give its NAME instead of street end number.)
	· COO APPARED	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7. 10, 1931. (Month) (Day) (Year)
	DATE OF BIRTH	177 i HEREBY CERTIFY, That i ettended the deceased from
	2 10, 1931	19271. to JEA. 0 , 1923
-	(Month) (Day) (Year)	that i lest sew h Muelive on This 192
7	7 AGE   If LESS than	end that deeth occurred on the date stated above, atm.
	1 dayhrsds.   ormin.?	The CAUSE OF DEATH * wes es follows:
0	(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).	(Duration) byte mos de.
S	(State or country)	Secondary (Suration) A yre mes de.
	10 NAME OF FATHER F. D. Tyler	(Signed) Clas J. Affect all a. M. D.
	11 BIRTHPLACE OF FATHER (State or country)  Md.	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidai.
	of Mother Mellie Mc Credy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
	13 BIRTHPLACE OF MOTHER (State or Country)  Mod.	ients or Recent Residents) At place In the of deathyrsds.
1/	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Aus. nole Salty	Former or usual residence
	(Address) Criffild and,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  OF BURIAL  OF BURIAL  19 31
1	Filed 2/10 1931 Etolling Registrar	John aBradsfan Jufild M
	If more bianks ere needed, eddress State Registrar	, 16 W. Saretoga St., Baito., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation laborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epideriic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

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1		PLACE OF DEATH County Somersel	( par		OF DEATH
		Pini	- VINIAS 64	Registration D	Pist. No. 265
fleate.	Vil	Page or City Consfield (No. 27) 2 FULL NAME form 94, 2/2	St.:	Ward)	(if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER	TIFICATE O	F DEATH
ack of	3 5	Male While Street (Write the word)	16 DATE OF DEATH	Month)	7 , 1931 (Day) (Year)
ons on b	6 1	CATE OF BIRTH Helb, 1966 (Month) (Day) (Year)	that I last saw h Malive o	Y, That P atte	nded the deceased from
Instructi		If LESS than 1 day hrs. or min.?	and that death occurred on the CAUSE OF DEATH * was		above, at 2700 Pm
rtant. See	() P () b	DECUPATION  a) Trade, profession or  articular kind of work  b) General nature of industry  usiness, or establishment in  which employed or (employer)  Baggage Masoles	(YR)	Durstion)	yrs. mos ds,
very Impo	9 E	10 NAME OF FATHER Chas. March	(Signed)	Duration)	our p
A LION IS	ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Conviolent Causes, state (1) Accidental, Suicidal or Homician  B LENGTH OF RESIDENCE	dal.	
doco	P/	13 BIRTHPLACE OF MOTHER (State or Country)  Malyland	ients or Recent Residents) At place of deathyrsmosd Where was discess contracted.		yrsds.
and and	14 1	(Informant) Sherman Hard	if not at place of desth? Former or usual residence		
Statem	15	(Address) Exisfield Mcl. Filed Feb. 10 1931 C Ecolling	19 PLACE OF BURIAL OR REI Cusfield OE 20 UNDERTAKER	metang	ADDRESS
		Registrar (	, 16 W. Saratoga St., Balto., Re	questing V. S.	No. of

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). er," etc., without more precise specification as Doy laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stotionary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, definite salary), may be entered as Housewife, House nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation 6 Automobile foctory. The material 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railwoy troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

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MAR

3 SEX

7 AGE

PARENTS

6 DATE OF BIRTH

B OCCUPATION

9 BIRTHPLACE

10 NAME OF

11 BIRTHPLACE

(Informant)

OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

(a) Trade, profession or

particular kind of work

(b) General nature of industry

business, or establishment in which employed or (employer)

MARGIN RESERVED

BIN

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 268

h	st:: Ward)	(If death a hospital tion, give It stead of number.)	NAME in-
	MEDICAL CERTIFICATE O	F DEATH	
	16 DATE OF DEATH FB 2 1931		192
	(Month)	(Day)	(Year)
	17 I HEREBY CERTIFY, That I atte		
	192 to		, 192,
r)	that I last sew halive on		, 192,
han hrs. in.?	and that death occurred on the date stated the CAUSE OF DEATH * was as follows:	birth	, m,
*****	***************************************	••••••	
	(Duration)	yrsm	osde.
	Contributory Secondary		
F	(Durstion) (Signed) (Durstion) (Signed) (CHAN)	wu	M. D.
7	*State the Disease Causing Death, Violent Causes, state (1) Means of Injunction Accidental, Suicidal or Homicidal.		
_	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Instituti	ons, Trans-
	At place In the of death yrs mos. ds. State	yrs	mosds.
	Where was disease contracted, if not at place of death?		
	Former or usual residence	***************************************	***************************************
	Alals Island	Ref 2	BURIAL , 19.3.1
		ADDRESS	

Village or CityDEALS ISLAND

4 COLOR OR RACE

(State or country) DEALS ISLAND, MD.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

**2FULL NAME** 

5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)

(Day)

(Yea WIFLESS t

I day

Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

THE BEST OF MY KNOWLEDGE

DEALS ISLAND, MD.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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classified.

PARENTS	5	7	6	3	Vi	
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PLACE OF DEATH ge or City DEALS ISLAND <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, WIDO VED, OR DIVORCED (Write the word) 4 COLOR OR RACE TE OF BIRTH (Month) CUPATION Trade, profession or ticular kind of work General nature of industry iness, or establishment in ich employed or (employer) THPLACE (State or country) O NAME OF FATHER BIRTHPLACE DEALS ISLAND, MD OF FATHER (State or country)

> 2 MAIDEN NAME OF MOTHER 3 BIRTHPLACE OF MOTHER (State or Country)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 268

St.: Ware	d) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)

_	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH FFB 2 1931 , 192
_	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	192 to
-	that I last saw halive on, 192
n	and that death occurred on the date stated above, at
9.	The CAUSE OF DEATH * was as follows:
?.	
	Premating birth
	1 10.00
••	
	(Duration) yrs, mos d
	Contributory Secondary
	(Durstion)mosd
-,	(Signed) St. On M. I
	B 2 10304 (Address) CHANCE MD
_	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
	At place In the of deathyrsmosds. Stateyrsmosd
-	Where was disease contracted, if not at place of death?
	Former or usual residence
-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Year) If LESS tha I day Ohr

THE BEST OF MY KNOWLEDGE

(Day)

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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7-8. No. 1

N. B .--

11		02143	
	PLACE OF DEATH	STATE OF MARYLAND	
	County O Musel	CERTIFICATE OF DEATH	
	0 1	Registration Dist. No. 26	
Vil	lage or City wo field (No	7th St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of strest and number.)	
=	PERSONAL AND STATISTICAL PARTICULARS		
-	SEX. 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH	
(	MARRIED, Marries	16 DATE OF DEATH 2 /0, 1923/	
	(Write the word)	(Month) (Day) (Year)	
	DATE OF BIRTH	de la	
	LMKMOWN I		
7 4	(Month) (Day) (Year)  GE (Sout 3-0 Year)  If LESS than i day hrs.	and that death occurred on the date stated above, at 0.200 m.  The CAUSE OF DEATH * was as follows:	
	yrsds. ormin.?	Chronse Istestitil perpenty!	
1	a) Trade, profession or I	The state of the s	
Marine .	articular kind of work	**************************************	
b	usiness, or establishment in	(Duretion) 9 yrs. 6 mos. de.	
	rhich employed or (employer)	Contributory Dabeles Mellitres	
9 E	(State or country)	Secondary (Durstion) / yrs. 6 mos. de.	
	10 NAME OF AMBROWN	(Signed) Alaxander Roman M. D.	
S	11 BIRTHPLACE	192 (Address) Defended MIL	
H N H	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
PAR	12 MAIDEN NAME OF MOTHER //	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds.	
14.7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	(Informant) Celester It hits	Former or usual residence	
	(Address) Pusfield And	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL JULy 12, 1931	
15	Filed 2/12 1931 E collins Registrar	20 UN DERTAKER Bradshaw Curling my	
If more branks are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

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(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. cupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Former (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material single word or term on -Coal minc, etc. Wom-The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by roilwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be cough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

supplied. ACE chould be stated EXACTLY, PHYSI-in terms so that it may be properly classified. Exact See instructions on back of certificate. PERM MARGIN RESERVED FOR WITH UNFADING INK--THIS Every item of information should be carefully CIANS should state CAUSE OF DEATH In pial statement of OCCUPATION is very important. PLACE OF DEATH
County Somewest

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 46
Village or City farment (No	St.: Ward)  (If death occurred Im a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Mite SINGLE, MARRIED Maerices  Male Mite Wildowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH F
6 DATE OF BIRTH  F. J. 3, 1842  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 27 1931. to Feld 4th, 1931, that I last saw hi Malive on Feld 4th, 1931,
8 8 yrs. // mos. 9 ds. or min.?	and that death occurred on the date stated above, at
a OCCUPATION  (a) Trade, profession or Peliced Faunce  (b) General nature of industry  business, or establishment in  which employed or (employer)	Cerebilis  Liebertos (Duration) yre mos de Contributory Interterios Otarios
(State or country)  10 NAME OF FATHER Shus. H. Whileshead  11 BIRTHPLACE OF FATHER	(Signed) Taos Jack.  (Signed) Jack Jack Jack Jack Jack Jack Jack Jack
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Pa.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(Informant) Bain Rulle  (Address) Louis Brown Andrews	Where was disease contracted, if not at place of deah?
15 Filed Le G 1931 4 & Dickinson Registras	20 UNDERTAKER A Bridsha Cantald

If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Gensus and American Public Health Association.)

business, that fact may be indicated thus; Parmer Lectred 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate-occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING HEATH g. ged in domestic service for wages, as Scream Cook definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the husiness or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter whatever, write None. Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Foreman, For many occupations a (b) Cotton mill; (a) Salesman. (b) specifically the occupations of (b) Automobile factory. The materia mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation single word or term on persons-en-The ques-Grocery,

spinal meningitis"; Diphtheria (avoid use of "Croup"); to time and causation), using always the same accepted term for the same disease. Examples: Corebra para-Statement of Cause of Death-Name, first, the pis Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE COUNTING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> > (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." atic), approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (mere! y s; mptom-Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi interstitial cough; " "Marasmus, nephritis, Chronic " Old Age, etc. valvular heart The contributory " "Shock," Measles ; discase; death

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V. S. No. 1

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Trons. (No. K.	7. 9. Registration Dist. No. 6 10 St.: Ward) (If death occurred in hospitel or institu
2FULL NAME moles	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192, 192, 192, 192, 192, 192, 192
7 AGE   If LESS that I day hrs or min.	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER POLICE Morters	(Signed) Serry & relling. M. D.
U 11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans.
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds Where was disease contrected,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Tades mortus  (Address) Musismi md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  HOLEWELL MA 727, 1931
Filed 12/ 192/ aurelia /2. Jacoson	John of Bradshaw Crisfield My
3/3/3 If more bianks are needed, address State Registra	or 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to cases, especially in industrial employments, it is neces-Civil engineer, Stotionary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Former or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Laborer-Coal minc, etc. know (a) the kind of work and also (b) the without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary Whooping approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by roilwoy train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. volvular heart The contributory disease;

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PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
County Banning	CERTIFICATE OF DEATH
2.1	91)
Les & LON MA	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred in
mill of Roth	e hospital or institu- tion, give its NAME in- stend of street and
2FULL NAME WELL & JOHNS	number.)
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED,	16 DATE OF DEATH
Amale Colore OR DIVORCED ORDIVORCED ORDIVORC	(Month) (Day) (Your)
6 DATE OF BIRTH	17 4 I HERERY/CERTIFY, That I attended the deceased from
Blat and the	No Physician No 192
Com yours fanon,	the Rolling brance
(Month) (Day) (Year)	
7 AGE	and that death occured on the date stated above, at
gleus day hrs.	The CAUSE OF DEATH * was as follows:
occupation win,?	1 00 10 to 0 to
(a) Trade, profession or	o mue princing
particular kind of work (b) General nature of industry	Gradually failed for
business, or establishment in	Deveral years
which employed or (employer)	Orterio selvois; serval years' duration.
9 BIRTHPLACE (State or country)	Secondary Curs R
toget Jamans	(Dustign) yrs mosda.
10 NAME OF FATHER	(Signed T. O. Will mson Socal Rag
devin mall	Heb & 193/ (Address) When Fairment
OF FATHER	
Z (State or country) Control	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER  MA	At place In the
(State or country Commons	of death yrsmosds. Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Ha Nella al	Former or usual residence
(Informant) Romas To Wand	19 PLACE OF BURIAL OR HOMOVAL A DATE OF BURIAL
(Address) When Hell Mil	Manokum MI John 9 21
15 Trancol at Ols Airli	20 UNDORTAKER O ADDRESS
Filed THE 8 1923 / 78. G. VICKINSON	Graham Moto allen his
Registra	1 1 1 och and mone ( vy y con s) a
If more bianks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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